

56 Barnes : *Temporo-sphenoidal Abscess* ; Mollison : *Cerebral Abscess*

Cavity contracted slowly ; tube removed on nineteenth day. Wound closed on twenty-seventh day ; fresh meatal flap cut.

Recovery uneventful except for slight secondary hæmorrhages from the anterior scalp wound into the cavity on the fifth and seventh days. On the second occasion the wound was re-opened, and the vessel was successfully ligatured. During convalescence the boy was bright and cheerful, and free from headache. Never any trace of paresis or alteration of reflexes. He was discharged on the forty-first day, August 6, 1926, and has been perfectly well since.

Left Temporo-sphenoidal Abscess.

By E. BROUGHTON BARNES, F.R.C.S.Ed.

W. S., MALE, aged 29. Admitted to hospital September 18, 1925. Looked very ill. Temperature 103° F. Pulse ranged between 70 and 100. Moaned continually—held forehead—talked nonsense—answered when spoken to—restless. The whole interior of the nose was brilliantly red and dry. Right ear: subacute catarrhal otitis media. Left ear: tympanum full of oedematous granulations. Very little pus. No oedema of the posterior bony wall. No tenderness or oedema over the mastoid. Pupils equal. Very irritable, shouts when touched. Neck rigid. Kernig's sign present both sides. Knee-jerks exaggerated. Definite ankle clonus both sides. Babinski's sign negative. Discs normal. Lumbar puncture: fluid (loaded with blood) under greatly increased pressure.

Radical mastoid operation. Cholesteatoma cavity, extending upward from the attic, had exposed dura of the middle fossa. Wound packed open. Patient apparently *in extremis*. Thirty-six hours later, lumbar puncture, fluid under raised pressure, contained polymorphonuclear leucocytes: culture sterile. Sixty hours later all meningeal symptoms had disappeared. Ophthalmic surgeon's report: No neuritis—discs hyperæmic only—no exudate—no hæmorrhages. Still intense headache localized to left frontal region. Mentality appeared slow. Pulse 68. Temporo-sphenoidal lobe explored—abscess containing about 1 oz. of pus evacuated from posterior part of lobe. Tube removed on eighth day. Recovery uneventful. Occasional headache for four months: none since January, 1926. Has been in full work since.

Loculated Cerebral Abscess.

By W. M. MOLLISON, M.Ch.

L.R., GIRL, aged 13, admitted to Guy's Hospital on October 18, 1926. Had suffered from earache and otorrhœa "for years."

Seventeen days before admission to hospital had had severe and progressive frontal headache and pain over the right eye.

On admission: Somewhat lethargic, pain over right eye, and headache; knee-jerks and ankle-jerks sluggish, right extensor plantar reflex; Kernig's sign positive; optic